

**Laboratory Site Compliance Initial Investigation Report****Section 1: Account Information****Case #**

Account Name:

Account #:

Location:

Telephone #:

Representative:

Phlebotomist:

**Section 2: Facility Description**☐

IN OFFICE PHLEBOTOMY

☐

PATIENT SERVICE CENTER

**Section 3: Back ground information**

On (date) \_\_\_\_\_ at approximately (time) \_\_\_\_\_ (am/pm)  
(Account Representatives Name) \_\_\_\_\_, visited  
aforementioned account to conduct an investigation based on the  
findings for the inspection done on (date) \_\_\_\_\_.

**Section 4: Findings**

Investigation reveals (Report Summary) :

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**Account Representative:**

## Section 5: Results of Investigation

☐ Inconclusive

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 6: Recommendations